

PATENT
ATTORNEY DOCKET: SP02-272

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Ma Sha

**AUTHORIZATION TO ACT
IN A REPRESENTATIVE
CAPACITY**

Serial No.: 10/694692

Group Art Unit: 1722

Filed: October 27, 2003

For: PROTEIN
CRYSTALLOGRAPHY
HANGING DROP
MULTIWELL PLATE

Examiner: Robert M. Kunemund

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

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This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does **not** have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other documents requiring the signature of the application, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-identified named practitioner should be executed and filed in the United States Patent and Trademark Office.

December 1, 2005
Date



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February 15, 2006

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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents,
P.O. Box 1450
Alexandria, VA 22313-1450

on February 15, 2006

Signature William J. Tucker

Re: Applicant(s): Ma Sha
Serial No. 10/694,692
Filing Date: October 27, 2003
For: **PROTEIN CRYSTALLOGRAPHY HANGING DROP MULTIWELL PLATE**
Docket No.: SP02-272 (WJT003-0092)

Dear Sir:

Transmitted for filing with the Patent and Trademark Office are the following documents for the above-referenced patent application:

1. Amendment in Response to Office Action dated November 18, 2005.
2. Authorization to Act in a Representative Capacity.
3. 5 Sheets of Formal Drawings (FIGS. 1-5).
4. USPTO Credit Card Payment Form filled out for \$ 200.00 to cover fee for one additional independent claim.
5. Acknowledgment Postcard.

Please address all communications related to this to:

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In the event there is an under or over payment, please debit or credit our Deposit Account # 50-1481.

Respectfully submitted,

William J. Tucker

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